

## POSITION

ST

ID NO.

DATE \_\_\_\_\_

### FEE DETERMINATION

O.I.P.E. CLASSIFIER

## FORMALITY REVIEW

## RESPONSE FORMALITY REVIEW

T-55

876  
573

3/06/01  
06 07-01

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
✓	.....	Allowed	I	.....	Interference
✓	(Through numeral)	Canceled	A	.....	Appeal
✓	.....	Restricted	O	.....	Objected

Claim	Date
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Claim	Date
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Claim	Date
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